



Tot Soccer – Spring 2006

For 4 and 5 Year Olds

LOCATION:

DIXON PARK

PROGRAM DATES:

Each Saturday from April 1 to May 6

Session I will last from 1:30 p.m. to 2:30 p.m.

Session II will last from 2:45 p.m. to 3:45 p.m.

Session III will last from 4:00 p.m. to 5:00p.m.

Program will not be held Saturday, April 15th

REGISTER:

City: Tues., January 17 – Thurs., March 2

Non-City: Tues., January 24 – Thurs., March 2

There will be a limit of 60 registrants per age group.

Those registering after the deadline will be charged an additional \$20.

PROOF OF BIRTHDATE:

Birth certificate required at registration.

Children must be born between 05/16/00 and 05/15/02.

STAFF:

There will be a program coordinator and aides to teach and advise participants.

THE PROGRAM:

Tot soccer is designed to introduce basic soccer skills

and game knowledge to 4 and 5 year old players in a fun and non-competitive environment.

FEE:

\$20 City/\$30 Non-City

\$20 Late fee after March 2

INCLEMENT WEATHER:

In case of inclement weather, please call the cancellation Line at

372-1086, then press 1, and press 1 again, or Listen to B101.5 or 93.3.

If we cancel a week, a make-up week will be added at the end of the program.

****Please note, you will **not** be contacted prior to the start of the program. Come dressed and ready to play. Soccer cleats are not encouraged.**



VOLUNTEERS WANTED!!!

I would like to volunteer to help with the Spring Tot Soccer program.

Age group (circle one)

Session I

Session II

Session III

Parent's Name:_____ **Child's Name:**_____

Phone:_____

SPRING TOT SOCCER REGISTRATION

NAME: _____

GENDER: ☐ M ☐ F

HOME ADDRESS: _____

DATE OF BIRTH: ____/____/____
mo/day/year

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ AGE: _____ (as of 5/15/06)

PARENT'S NAME: _____

PARENT'S DAY PHONE: _____

**Children must be born between
05/16/99 and 05/15/01**

EMERGENCY CONTACT (NOT PARENT):

NAME: _____

PHONE: _____

Session #	Session Time
<input type="radio"/> Session I	1:30pm - 2:30pm
<input type="radio"/> Session II	2:45pm - 3:45pm
<input type="radio"/> Session III	4:00pm - 5:00pm

T-SHIRT SIZE: YOUTH ADULT
☐ M ☐ L ☐ S ☐ M ☐ L

ATTENTION: Does your child have any physical disability, allergies, medication or facts of which we need to be aware?

☐ NO ☐ YES If yes, please explain: _____

Parent or Legal Guardian

Date

REGISTRATION FEE: \$20/City

\$30/Non-City

REGISTRATION DEADLINE: Thursday, March 2nd

\$20 Late Fee after March 2nd

FOR OFFICE USE ONLY:

DATE: _____ AMOUNT RECEIVED: \$ _____ RECEIPT #: _____

D.O.B. _____ VERIFIED BY: ☐ New ☐ BC List STAFF INITIALS: _____

AGE WAIVER? _____ FEE WAIVER? _____ AGE WAIVER FORM ATTACHED? _____